

PASRR 101



AN OVERVIEW OF THE DESIGN AND OPERATION OF THE PROGRAM

**AGING ADULTS CONFERENCE
SALT LAKE CITY, UTAH
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Objectives

1. Review the philosophy and purpose of PASRR
2. Review the design of the PASRR process
 1. The Level I screens and Level II evaluations
 2. Determinations and notifications
3. Review of categorical determinations
4. Review of Specialized Services

Overview of PASRR



HOW IT WORKS



PASRR Law and Rule

- Social Security Act §1919(e)(7)
- Final Rule Published 1992: 57 FR 230
- 42 CFR 483.100-138

Scope of the Problem

- Just over 1.4 million residents were living in US nursing homes on December 31, 2014

(CMS Nursing Home Compendium 2015 Edition, “Nursing Home Residents” – page 2)

- Roughly equal to the number of persons receiving home and community-based services (HCBS)
- Unclear how many individuals might have Mental Illness (MI) or Intellectual Disability/Related Condition (ID/RC), but from PTAC analysis, number could be as high as:
 - 3 percent for ID and RC (upper bound)
 - 70 percent for MI (upper bound); 20 percent for serious MI

Program Purpose

- No individual can be admitted to a NF until PASRR has been completed.
- Special protections granted to individuals with mental illness (MI), intellectual disability (ID), or a related condition (RC): to receive long term services and supports (LTSS) in the most integrated setting.
- Resident Reviews required to identify changes in LTSS needs; recommend community alternatives to continued stays in NFs; and coordinate transition planning back to the community.

Definitions of PASRR Disabilities

- Categories defined in CFR, with incorporation by reference of two key documents:
 - Mental illness: DSM III-R (1987) [483.102(b)(1)(i)] except in cases of primary dementia: 483.102(b)(1)(i)(B)
 - Intellectual disability: Manual of American Association for Mental Deficiencies (AAMD, 1983)(now AAIDD) [483.102(b)(3)(i)]
 - Related conditions: A term of art unique to PASRR, stated diagnostically – conditions related to ID because they create similar needs [435.101].

Three Purposes of PASRR

1. To ensure that individuals are evaluated for evidence of possible MI, ID, or RC.
2. To see that they are placed appropriately, in the least restrictive setting possible.
3. To recommend that they receive the services they need, wherever they are placed.
 - ✦ If admitted to a NF, the services that are unique to their MI, ID, or RC, and that are beyond what the NF would be expected to provide as part of their per diem, are considered “Specialized Services”.

PASRR-Healthcare Interface

- PASRR can foster continuity of care for individuals with MI, ID, or RC that were being supported with community-based services prior to seeking NF admission, or that will need those services when transitioning back to a community setting.
- PASRR can promote engagement of MI, ID, or RC individuals with needed services, if those services were not active at the time of their seeking NF admission.
- PASRR can support NF efforts to develop person-centered plans of care.
- PASRR can reduce the risk of hospital readmission.

NF is Not Housing

Medicaid and state agencies must not admit a person with MI or ID to a NF unless evaluated to require NF, and unless MI or ID needs will be met.

The state's choices:

- Don't admit the person to NF, but still evaluate them for need for specialized services.
- Provide services as required to attain the highest practicable physical, mental, and psychosocial well-being, including any specialized services identified through the Level II evaluation.
- See 438.130(m) and 483.132.

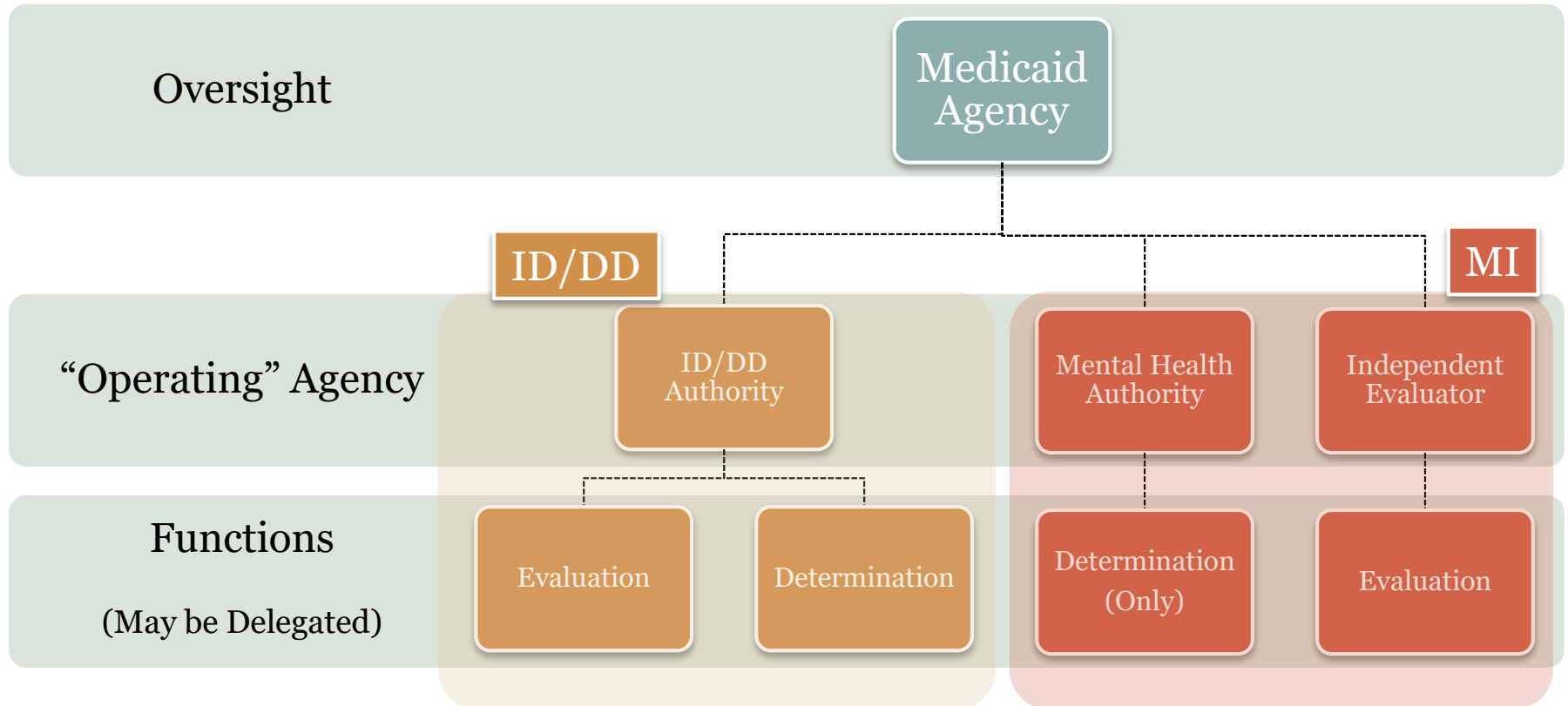
Design of PASRR



LEVEL I SCREENS AND LEVEL II EVALUATIONS



Roles & Responsibilities [483.106(e)]



- Delegation may not be made to a NF or affiliated entity [483.106(e)(1)(iii) and (e)(3)]

Timeframe for Preadmission Process

- Must be completed within an annual average of 7-9 working days [483.112(c)(1)].

A Note on FFP

- *FFP for late reviews.* When a preadmission screening has not been performed prior to admission, FFP is available only for services furnished after the screening or review has been performed.
[483.122(b)]
- In other words: States can get *no* FFP for NF services *until* the PASRR is complete (Level I or Level II, if needed).

Exempted Hospital Discharge (EHD) 483.106(b)

- The only true exemption from PASRR.
- Requirements:
 - Admitted to a NF directly from a hospital after receiving acute care [483.106(2)(i)(A)]
 - For the condition that required hospitalization [483.106(2)(i)(B)]
 - Provided the attending physician has certified that the individual will reside in the NF for less than 30 days [483.106(2)(i)(C)]
- If an individual's stay exceeds 30 days, a Resident Review must be conducted within 40 calendar days of admission [483.106(2)(ii)]

Design of PASRR: Level I

- PASRR is required before any admission to a Medicaid-certified nursing facility (NF), regardless of payment source (Medicaid, Medicare, or private pay).
- Level I = Rough screen for possible serious MI, ID, or RC.
 - CFR says only this: “The State's PAS[A]RR program must identify all individuals who are suspected of having MI or ID as defined in §483.102.” [483.128(a)]
- Called an “identification function” [483.128(a)]
- Must issue written notice of a positive Level I to individual and his/her legal guardian, with referral to relevant authority for Level II [483.128(a)]
- CFR leaves open personnel requirements for Level I: In practice, often hospital discharge planners; also NF staff (for residents).

Design of PASRR: Level II

- Level II = Comprehensive evaluation of needed services and appropriate placement.
- Two components of assessment:
 1. Need for NF services and NF level of care [483.132]
 2. Assessment of disability
 - ✦ MI [483.134]
 - ✦ ID/RC [483.136]
- Determination of need for specialized services (SS)[483.120]:
 - “Individualized plan of care” [483.120(a)]
 - The State must “provide or arrange for the provision of specialized services” [483.120(b)]

Level II Data Requirements: Need for NF

- Need for NF [483.132(c)]
 - Evaluation of physical status
 - Evaluation of mental status
 - Functional assessment (ADLs)
- Placement: “In determining appropriate placement, the evaluator must prioritize the physical and mental needs of the individual being evaluated, taking into account the severity of each condition.”
[483.132(b)]

Level II Data & Determination: MI

- A detailed list [483.134(b)], including:
 - Medical history
 - Psychosocial history
 - Drug history
 - Psychiatric evaluation
 - Functional assessment
- Data interpretation & personnel requirements [483.134(c)]:
 - Medical history: physician completes or physician reviews
 - Otherwise, as specified by the state
 - For determination of MI and need for SS: “qualified mental health professional, as designated by the State” [483.134(d)]

Level II Data & Determination: ID/RC

- A detailed list [483.136(b)], including:
 - Medication history
 - Sensorimotor function
 - Communication development
 - Independent living skills
- Data interpretation and personnel requirements [483.136(c)]:
 - If a test of intellectual functioning is administered, a licensed psychologist is required [483.136(c)(1)]. “Licensed psychologist” is up to the State.
 - Multifaceted data elements go into interpretation [483.136(c)(2)], including inability to:
 - ✦ Understand simple commands
 - ✦ Take care of personal needs
 - ✦ Demonstrate appropriate behaviors without direct supervision

Required Level II Notification Requirements

- Who gets notified [483.130(k)]
 - The evaluated individual and his or her legal representative [483.130(k)(1)]
 - The admitting or retaining NF [483.130(k)(2)]
 - The individual or the resident's attending physician [483.130(k)(3)]
 - The discharging hospital, unless the individual is exempt [483.130(k)(4)]
- Contents of notice [483.130(l)]
 - Whether a NF level of care is needed [483.130(l)(1)]
 - Whether specialized services are needed [483.130(l)(2)]
 - The placement options available to the individual "consistent with these determinations" [483.130(l)(3)]
 - The rights of the individual to appeal the determination [483.130(l)(4)]

Placement Options [483.130(m)]

- Can be admitted to a NF: meets NF level of care, independent of specialized services [483.130(m)(1)]
- Cannot be admitted to a NF: Does not require NF level of care, independent of specialized services [483.130(m)(2)]
- Can be considered appropriate for continued placement in a NF: continues to meet NF level of care independent of specialized services [483.130(m)(3)]
- May choose to remain in NF: Absent NF level of care, an individual can stay if they need specialized services and have resided in the NF for at least 30 months; or they may receive services in an alternate appropriate setting [483.130(m)(4)]

Placement Options (continued)

- Cannot remain in the NF:
 - Does not meet NF level of care but does need specialized services, and has resided in NF for less than 30 months. Determination notice must indicate how and where the individual will continue to receive specialized services [483.130(m)(5)]
 - Does not meet NF level of care *and* does not need specialized services [483.130(m)(6)]

Specialized Services: Assurances [483.130(n)]

- “If a determination is made to admit or allow to remain in a NF any individual who requires specialized services, the determination must be supported by assurances that the specialized services that are needed can and will be provided or arranged for by the State while the individual resides in the NF.”

Records and Tracking

- Record retention: State must maintain records of evaluations and determinations to support determinations and appeals [483.130(o)]
- Tracking: System must establish and maintain a system for tracking individuals with MI or ID/RC for future reviews and appeals [483.130(p)]

Resident Review (RR)

- A Level II evaluation and determination for NF residents (i.e., post-admission).
- Originally required annually (hence PASARR in CFR, which has not been updated)[483.114]
- Changed in 1996 (via Balanced Budget Act) to:
 - “a significant change in the resident’s physical or mental condition” [SSA §1919(e)(7)(B)(iii)]

Final Rule: Significant Change Definition

- The manual notes that a “significant change” is a major decline or improvement in a resident’s status that:
 - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self-limiting”;
 - Impacts more than one area of the resident’s health status; and
 - Requires interdisciplinary review and/or revision of the care plan.

Readmission & Transfer: 483.106(b)

- *Readmissions:*

- Readmission to a facility from a hospital to which he or she was transferred for the purpose of receiving care.
- Readmissions subject to Resident Review.

- *Interfacility transfers:*

- Occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay.
- Subject to Resident Review.
- Whether transfer is to NF or to hospital, transferring NF must ensure that copies of the most recent Level II evaluation and determination (preadmission or Resident Review) go with the individual.

PASRR Requirements for Long-Term Care Facilities

- Final Rule published November 2016: 80 FR 42168
- NFs must notify SMHA or SIDA promptly after significant change in status [483.20(k)(4)]
- Resident care plans must include Specialized Services or Specialized Rehabilitative Services the NF will provide as a result of PASRR. If NF disagrees, it must indicate its rationale in the resident's medical record [483.21(a)]

Categorical Determinations



**SPECIAL CASES OF ABBREVIATED LEVEL IIS AND
DETERMINATIONS**



Categorical Determinations

483.130

- **Purpose:** Allow a State to skip the individual NF evaluation and *in some cases* the SS evaluation based on existing documentation
- Two basic types:
 1. Advance group determinations [483.130(b)(1)]: These “take into account that certain diagnoses, levels of severity, or need for a particular service” mean that NF admission is “normally needed” or that specialized services are “*not* normally needed” (emphasis added).
 2. Group determinations by category [483.130(c)]: Can be applied by Level I screener if “existing data on the individual appear to be current and accurate and are sufficient to allow the evaluator to determine that the individual fits into the category established by the State authorities.”

Category types

- Convalescent care from an acute illness requiring hospitalization but not otherwise eligible for EHD [483.130(d)(1)]
- Terminal illness as defined in 418.3 [483.130(d)(2)]
- Illnesses severe enough to make it unlikely the individual would benefit from specialized services [483.130(d)(3)] :
 - Coma
 - Ventilator dependence
 - Parkinson's disease
 - Huntington's disease
 - ALS
 - Congestive heart failure

Category Types (continued)

- Provisional admissions:
 - “pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears” [483.130(d)(4)]
 - “pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 7 days” [483.130(d)(5)]
- Brief admissions for respite: “very brief and finite stays up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or ID” will return [483.130(d)(5)]
- Dementia and ID: Possible for individuals who have a combination of ID and dementia and don’t need specialized services [483.130(h)(1)]

Time Limits on Categoricals [483.130(e)]

- Optional for:
 - Convalescent care [483.130(d)(1)]
 - Terminal illnesses [483.130(d)(2)]
 - Severe illnesses [483.130(d)(3)]
 - Dementia and ID [483.130(d)(h)] – but likely not needed
- *Required* for:
 - Delirium [483.130(d)(4)]
 - Protective services [483.130(d)(5)]
 - Respite [483.130(d)(6)]
- Longer stays require a Resident Review

Important Properties of Categoricals

- Determination of Need for Specialized Services [483.130(g)]:
 - Not permitted to make categorical determinations that specialized services *are* needed.
 - If they are needed, the individual must have an individualized evaluation of the sort described in 483.134 and 483.136.
- Specialized Services determinations can *never* be waived [483.130(i)]:
 - “If a State mental health or intellectual disability authority determines NF needs by category, it may not waive the specialized services determination. The appropriate State authority must also determine whether specialized services are needed either by category (if permitted) or by individualized evaluations”

Specialized Services



CREATING OPPORTUNITIES FOR TRANSITION



Defining Specialized Services

“Specialized Services” means any service or support recommended by an individualized Level II determination that a particular nursing facility resident requires due to mental illness, intellectual disability or related condition, that supplements the scope of services that the facility must provide under reimbursement as nursing facility services.

In other words – Specialized Services are over and above what the NF would be expected to provide under their daily per diem.

Important Developments in Last 2 Years

- CMS, HHS, DOJ have emphasized:
 - Level II must recommend community alternatives.
 - PASRR is about diversion and transition.
- CMS has clarified that past debates on defining “Specialized Services” must not block NF residents with MI/ID from needed services:
 - PASRR is about individualized support for NF residents.
- CMS has clarified funding options for SS, including:
 - Use of add-on payments to NFs to pay for SS

PASRR Supports Transition

- To be good candidates for transition, individuals who enter NFs should receive services that preserve and improve function.
- For individuals with MI, ID, or RC, those services are Specialized Services.

Specialized Services – A State's Obligation

If...a resident or applicant for admission requires both a NF level of services and Specialized Services for the mental illness or intellectual disability...The State must provide or arrange for the provision of the Specialized Services needed by the individual while he or she resides in the NF.

[42 CFR 483.116(b)]

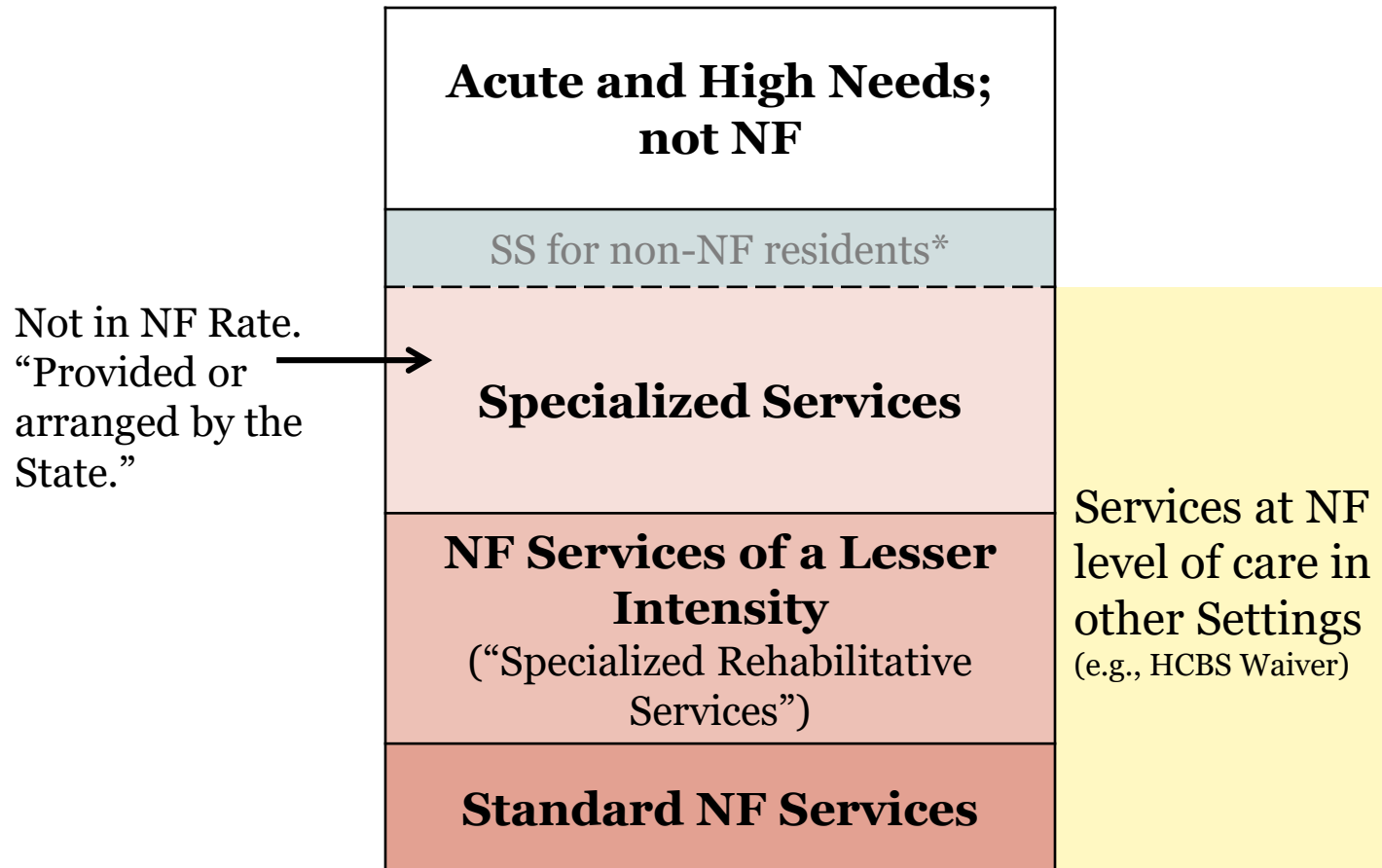
Meaning: PASRR determines if the NF resident needs anything special for his or her MI or ID/RC.

If so, the state must see that it is provided.

Specialized Services Are Defined for Each Person

- “Specialized Services” is the CFR term for whatever a *particular person* needs above NF services and NF specialized rehabilitative services.
 - SS are “defined” person by person.
 - All determinations that SS needed are individualized.
- Specialized Services is *not* the name for a finite list of services the state offers persons identified at Level II.
 - However: states may define some frequently used services as Specialized Services (e.g., for Medicaid reimbursement.)

Hierarchy of Services



*SS required for certain discharged NF Residents. State option for others.

Specialized Services: MI Example

- Following the suicide of her husband, a woman with a history of chronic depression and anxiety has trouble managing her emotions and frequently engages in aggressive behavior against staff. A Level II evaluation leads to the following recommendations for Specialized Services:
 - A mechanism for the NF to develop a behavioral care plan with mental health professionals
 - Ongoing medication management by a psychiatrist
 - Grief counseling by a trained mental health specialist
- In this case, the Level II evaluation also recommends a suite of Specialized Rehabilitative Services, including services necessary to improve her engagement in activities of daily living. Unlike Specialized Services, these services are provided under the NF's daily rate.

Specialized Services: ID Example

- A 19-year old man with an intellectual disability has a history of cerebral palsy and epilepsy. He is cooperative and likes people, but does not usually verbalize his needs. A Level II evaluation leads to the following recommendations for Specialized Services:
 - Communication skills – specifically, a communication aid such as a picture board
 - Feeding devices
 - Mobility aids
 - A transition support specialist to help Tommy return home, where he can live with his mother.
- In this case, the Level II evaluation also recommends a suite a Specialized Rehabilitative Services, including occupational therapy, physical therapy, and restorative nursing. Unlike Specialized Services, these services are provided under the NF's daily rate.

Payment Sources: Example for equivalent needs, varying eligibility and payer

Needs are the same. Each receives needed services, whatever they are called and however reimbursed.

Specialized
Services

Specialized
Rehabilitative
Services

NF Services

Medicaid Resident

Service A – NF
supplemental pymnt
Service B –
Medicaid State Plan
Support C –
MH Agency, State \$

Medicaid
Nursing Facility
Benefit

Dually Eligible Resident

Service A –
Medicare
Service B –
Medicaid State Plan

Support C –
SNF SRS

Medicare
Skilled Nursing
Facility Benefit

Private Pay Resident

Service A –
Insurance
Service B –
Private Pay
Support C –
MH Agency, State \$

Private Pay
Nursing Home
Services

†Details highly state-specific. Discuss Payment SPA with CMS for specific guidance.

THANK YOU!

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QUESTIONS

